

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>EW</i>	<i>32</i>	<i>3/6</i>
<b>FORMALITY REVIEW</b>	<i>Zm</i>	<i>927</i>	<i>03/16/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	1	1/1/01
2	2	2	1/1/01
3	3	3	1/1/01
4	4	4	1/1/01
5	5	5	1/1/01
6	6	6	1/1/01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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